

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2002 OF THE CONDITION AND AFFAIRS OF THE

Great Lakes Health Plan

	0000	0000	NAIC Company Code	95467	Employer's ID Number	38-3204052
,	, , ,	Prior Period)				
Organized under the Laws	of	Michigan	, Si	ate of Domicile	or Port of Entry	Michigan
Country of Domicile			United S	States of America	3	
Licensed as business type:	Life, Accident & F	Health []	Property/Casual	ty [] Dent	al Service Corporation []	
	Vision Service Co	orporation [Other []	Heal	th Maintenance Organization	[X]
	•		vice or Indemnity []		MO, Federally Qualified? Yes	
Incorporated	01/11/199		Commenced E	Business	10/11/19	
Statutory Home Office	17117	W. Nine Mile (Street and N	Rd, Suite 1600	,	Southfield, MI 480 (City or Town, State and Zip	
Main Administrative Office			17117 \	V. Nine Mile Rd,		,
Main Administrative Office			17117 V	(Street and Number	r)	
	uthfield, MI 48075 Town, State and Zip Cod	le)			248-559-5656 (Area Code) (Telephone Number)	
Mail Address	17117 W. Nine M		1600 ,		Southfield, MI 48075	
	,	nber or P.O. Box)			(City or Town, State and Zip Code	*)
Primary Location of Books a	nd Records				Mile Rd, Suite 1600	
	uthfield, MI 48075			<u> </u>	248-331-4294	
` •	Town, State and Zip Cod	le)			(Area Code) (Telephone Number)	
Internet Website Address		1-		vww.glhp.com	040.004.4004	
Statement Contact		Ja	mie Love (Name)		248-331-4294 (Area Code) (Telephone Number)	(Extension)
	love@glhp.com (E-mail Address)				248-331-4517 (FAX Number)	
Dell'error Delet'erro Oceate	,				,	
Policyowner Relations Conta	<u></u>	(Street an	d Number)			
(City or	Town, State and Zip Cod) a	· · · · · · · · · · · · · · · · · · ·	(Area	248-559-5656 Code) (Telephone Number) (Extension	1
(Oity of	Town, State and Zip God	(3)		,	Code) (Telephone Number) (Extension)
Describerat	Dinas	Cabataaa	OFFICERS		Marie - A	/ - make
President Secretary		n Schefman ic Wexler		rreasur	rerWilliam `	roray
			VICE PRECIPE	NITO		
			VICE PRESIDE	ENIS		
Bryan Sche	ıfman	DIRI	ECTORS OR TF Joanne Jones		Adika N	lvatiu
William Yo			Michele Oliveto-		Auna i	ryand
State of	Michigan)				
			s			
County of	Oakland					
					ribed officers of said reporting	
					said reporting entity, free and edules and explanations there	
					affairs of the said reporting en been completed in accordance	
Statement Instructions and	Accounting Practic	es and Proce	edures manual except t	o the extent tha	t: (1) state law may differ; or	, (2) that state rules or
regulations require differenc belief, respectively.	es in reporting not i	related to acc	ounting practices and p	rocedures, acco	ording to the best of their infor	mation, knowledge and
· · · · · · · · · · · · · · · · · · ·						
Albert Wax			Chris Scherer		Eric We	
Chief Executive	Officer	(Chief Operating Officer	and CFO	Secret	ary
					this an original filing?	Yes[]No[X]
Subscribed and sworn to b 16 day of	efore me this April, 2003	3		b. lf 1.	no State the amendment numbe	r <u>1</u>
tay ti		<u> </u>			Date filed	04/16/2003
Luann Meitz				3.	Number of pages attached	<u>21</u>
12/18/2003						

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

EXHIBIT O - AGGIDENT AN	<u> </u>	<u> </u>	DOL / 111D	<u> </u>		
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group subscribers:						
						†
						†
						†
						†
						†
						†
						•
029997 Group subscriber subtotal	0	0	0	0	0	0
0299997 Group subscriber subtotal 0299998 Premiums due and unpaid not individually listed	1	9				
0299999 Total group	Ω	n	n	n	n	n
0299999 Total group						
0499999 Premiums due and unpaid from Medicaid entities				1,032,835		1,032,835
0599999 Accident and health premiums due and unpaid (Page 2, Line 10)	0	0	0	1,032,835	0	1,032,835
resource resident and means promising and angular (reage 2, 1200 To)	·	·	,	1,002,000	·	1,002,000

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Individually Listed Receivables: First Health Services Corp						
First Health Services Corp	1,100,000					1,100,000
Advance PCS			332 , 155	555,690		1,220,000
State of Michigan	14,304	264,366	290,881	1,940,132		1,100,000 1,220,000 2,509,683
						
						
						
0499999 Receivables not individually listed					•	
0599999 Gross health care receivables	1,114,304	596,521	623,036	2,495,822	0	4,829,683

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported) Detroit Medical Center						
Detroit Medical Center	749,000	56,000	34,000	18,000	37,000	894,000
PCS Pharmacy	414 , 107					414 , 107
	-					
0100000 ledicidually listed eleien novelle	1,163,107	56,000	34,000	18,000	37,000	1,308,107
0199999 Individually listed claims payable 0299999 Aggregate accounts not individually listed-uncovered.	4,080,000	324,000		104,000	217 .000	4,925,000
0399999 Aggregate accounts not individually listed-covered	4,000,000	524,000	200,000	104,000	217,000	4,923,000
0499999 Subtotals	5,243,107	380,000	234,000	122,000	254,000	6,233,107
0599999 Unreported claims and other claim reserves	0,240,107	300,000	204,000	122,000	204,000	12,360,628
0699999 Total amounts withheld						12,000,020
0799999 Total claims payable						18,593,735
0899999 Accrued medical incentive pool						10,000,100
000000 Atoriaca inicarat incontrac poor						

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
·	_	· ·	·	· ·	Ĭ	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Great Lakes Health Services. FC Real Estate.	(614,617)	281,121			259,231	0	0
FC Real Estate		12,350		127,259	146,943	0	0
HeatIh Cor, Inc				9,678,403	9,678,403	0	0
0199999 Individually listed receivables 0299999 Receivables not individually listed	(607, 283)	293,471	0	10,398,390	10,084,577	0	0
				1,113	1,113		
0399999 Total gross amounts receivable	(607, 283)	293,471	0	10,399,503	10,085,690	0	0

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
FCA Medical	Description	Airiodit	Ourion	Non Canoni
1 of modified	Trade receivables collected on behalf of ECA Medical	912		912
FC Acquisition	Trade receivables collected on behalf of FCA Medical Trade receivables collected on behalf of FC Acquisition	5,950		5,950
'	,			
MOCOCO ledicides II. Used a souble s		6,861	Λ	6,861
0199999 Individually listed payables		0,001	U	0,001
0239393 F dyables not intrividually listed		6,861	0	6,861
399999 Total gross payables		0,801	U	0,801

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ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Great Lakes Health Plan, Inc.

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	15 , 742 , 475	10 . 4	1,014,343	49.5	0	15,742,475
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,744,743	1.8	1,034,500	50 . 5	0	2,744,743
Total capitation payments	18,487,217	12.2	2,048,843	100.0	0	18,487,217
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	132,959,033	87 .8	XXX	XXX		132,959,033
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		0
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	132,959,033	87.8	XXX	XXX	0	132,959,033
13. TOTAL (Line 4 plus Line 12)	151,446,250	100 %	XXX	XXX	0	151,446,250

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment			836 , 859	455 , 288		455 , 288
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	1,292,147	0	836,859	455,288	0	455,288



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE OF	F Michigan			DURING THE YEAR	2002			(LOCATION)	C Company Code	95467
NAIO GIOUP COOLE COOLE DOGINESS IN THE STATE OF	1	Compre (Hospital &	hensive (Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	82,404								82,404	
2 First Quarter	86 , 152								86,152	
3 Second Quarter	88,618								88,618	
4. Third Quarter	92,876								92,876	
5. Current Year	92,553								92,553	
6 Current Year Member Months	1,068,784								1,068,784	
Total Member Ambulatory Encounters for Year:										
7. Physician	204,900								204,900	
8. Non-Physician	142,811								142,811	
9. Total	347,711	0	0	0	0	(0	0	347,711	
10. Hospital Patient Days Incurred	39,792								39,792	
11. Number of Inpatient Admissions	9,968								9,968	
12. Premiums Collected	163,434,718		<u> </u>						163,434,718	
13. Premiums Earned	163,223,524								163,223,524	
14. Amount Paid for Provision of Health Care Services	151,446,250								151,446,250	
15. Amount Incurred for Provision of Health Care Services	153,488,089								153,488,089	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION Inc. 2. DIVISION

REPORT FOR: 1. CORPORATION Great Lakes Health Plan, Inc.

NAIC Group Code 0000 BUSINESS IN THE STATE OF				DURING THE YEAR	2. DIVISION			(LOCATION) NA	C Company Code	95467
	1	Compret (Hospital &	nensive	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	82,404	0	0	0	0	0	0	0	82,404	
2 First Quarter	86 , 152	0	0	0	0	0	0	0	86 , 152	
3 Second Quarter	88,618	0	0	0	0	0	0	0	88,618	
4. Third Quarter	92,876	0	0	0	0	0	0	0	92,876	
5. Current Year	92,553	0	0	0	0	0	0	0	92,553	
6 Current Year Member Months	1,068,784	0	0	0	0	0	0	0	1,068,784	
Total Member Ambulatory Encounters for Year:										
7. Physician	204,900	0		0	0	0	0	0	204,900	
8. Non-Physician	142,811	0	0	0	0	0	0	0	142,811	
9. Total	347,711	0	0	0	0	0	0	0	347,711	
10. Hospital Patient Days Incurred	39,792	0	0	0	0	0	0	0	39,792	
11. Number of Inpatient Admissions	9,968	0	0	0	0	0	0	0	9,968	
12. Premiums Collected	163,434,718	0	0	0	0	0	0	0	163,434,718	
13. Premiums Earned	163,223,524	0	0	0	0	0	0	0	163,223,524	
14. Amount Paid for Provision of Health Care Services	151,446,250	0	0	0	0	0	0	0	151,446,250	
15. Amount Incurred for Provision of Health Care Services	153,488,089	0	0	0	0	0	0	0	153,488,089	

SCHEDULE A VERIFICATION BETWEEN YEARS

1	Book/adjusted carrying value, December 31, prior year (prior year statement)	319 668
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 10	(15,190)
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 13	237 , 363
	4.2 Totals, Part 3, Column 9	0
5.	Total profit (loss) on sales, Part 3, Column 14	0
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 11	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	0
8.	Book/adjusted carrying value at end of current period	541,841
	Total valuation allowance	
	Subtotal (Lines 8 plus 9)	
	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	541,841
1	SCHEDULE B VERIFICATION BETWEEN YEARS Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
	Amount loaned during year:	
	2.1 Actual cost at time of acquisitions	
	2.2 Additional investment made after acquisitions	0
3	Accrual of discount and mortgage interest points and commitment fees	
	Increase (decrease) by adjustment	
	Total profit (loss) on sale	
	Amounts paid on account or in full during the year	
	Amortization of premium	
	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	0
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	0
	SCHEDULE BA VERIFICATION BETWEEN YEARS	
	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
2.	Cost of acquisitions during year:	
	2.1. Actual coat at time of acquicitions	
	2.1 Actual cost at time of acquisitions	Λ
2	2.2 Additional investment made after acquisitions	
	2.2 Additional investment made after acquisitions	
4.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment	
4. 5.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale	
4. 5. 6.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year	
4. 5. 6. 7.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium	
4. 5. 6. 7. 8.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment	
4. 5. 6. 7. 8. 9.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period	0
4. 5. 6. 7. 8. 9.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period Total valuation allowance	0
4. 5. 6. 7. 8. 9. 10.	2.2 Additional investment made after acquisitions Accrual of discount Increase (decrease) by adjustment Total profit (loss) on sale Amounts paid on account or in full during the year Amortization of premium Increase (decrease) by foreign exchange adjustment Book/adjusted carrying value of long-term invested assets at end of current period	

SCHEDULE D - PART 1A - SECTION 1

		Quality and Maturit	ty Distribution of All Bo	onds Owned December	er 31, at Book/Adjuste	d Carrying Values by M	Major Types of Issues a	and NAIC Designations	S		
	1	2	3 Over 5 Years Through	4	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Place
Quality Rating per the NAIC Designation		5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
1. U.S. Governments, Schedules D &	DA (Group 1)										
1.1 Class 1						0	0.0	0	0.0		
1.2 Class 2						0	0.0	0	0.0		
1.3 Class 3						0	0.0	0	0.0		
1.4 Class 4						0	0.0	0	0.0		
1.5 Class 5						0	0.0	0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
2. All Other Governments, Schedules	D & DA (Group 2)	•	•								
2.1 Class 1						0	0.0	0	0.0		
2.2 Class 2	•••••					0	0.0	0	0.0		
2.3 Class 3						0	0.0	0	0.0		
2.4 Class 4						0	0.0	0	0.0		
2.5 Class 5						0	0.0	0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
3. States, Territories and Possessions	s etc., Guaranteed, S	chedules D & DA (Grou	p 3)								
3.1 Class 1						0	0.0	0	0.0		
3.2 Class 2						0	0.0	0	0.0		
3.3 Class 3						0	0.0	0	0.0		
3.4 Class 4						0	0.0	0	0.0		
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
4. Political Subdivisions of States, Te	rritories and Possess	sions, Guaranteed, Sch	edules D & DA (Group	4)							
4.1 Class 1			`	,		0	0.0	0	0.0		
4.2 Class 2						0	0.0	0	0.0		
4.3 Class 3						0	0.0	0	0.0		
4.4 Class 4						0	0.0	0	0.0		
4.5 Class 5						0	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
5. Special Revenue & Special Assess	ment Obligations etc	., Non-Guaranteed, Sch	edules D & DA (Group	5)			***	·	****	·	
5.1 Class 1	3	1	, , , , , , ,			0	0.0	0	0.0		
5.2 Class 2						0	0.0	0	0.0		
5.3 Class 3						0	0.0	0	0.0		
5.4 Class 4						0	0.0	0	0.0		
5.5 Class 5						n	0.0	0	0.0		
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	n	0.0	Λ	(

SCHEDULE D - PART 1A - SECTION 1 (continued)

			SCHEDUL								
	1	2	ty Distribution of All Bo 3 Over 5 Years Through	onds Owned December 4 Over 10 Years	er 31, at Book/Adjuste 5	d Carrying Values by N	Major Types of Issues a 7 Col. 6 as a	and NAIC Designation 8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately Placed
Quality Rating per the NAIC Designation	1 Year or Less	5 Years	10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	(a)
6. Public Utilities (Unaffiliated), Sched		6)	•	· ·							\ /
6.1 Class 1						0	0.0	0	0.0		
6.2 Class 2						0	0.0	0	0.0		
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4						0	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffilia	ated), Schedules D &	DA (Group 7)	_								
7.1 Class 1	1,000,000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	0
8. Credit Tenant Loans, Schedules D 8	& DA (Group 8)	-									
8.1 Class 1						0	0.0	0	0.0		
8.2 Class 2						0	0.0	0	0.0		
8.3 Class 3						0	0.0	0	0.0		
8.4 Class 4						0	0.0	0	0.0		
8.5 Class 5						0	0.0	0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	iroup 9)									
9.1 Class 1						0	0.0	0	0.0		
9.2 Class 2						0	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4						0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations 10 Over 1 Year Through Total from Col. 6 Total Publicly Total Privately Placed Over 5 Years Through Over 10 Years Col. 6 as a % From Col. 7 Quality Rating per the NAIC Designation Through 20 Years Over 20 Years 1 Year or Less 5 Years 10 Years Total Current Year % of Line 10.7 Prior Year Prior Year Traded (a) 10. Total Bonds Current Year 10.1 Class 1 .1,000,000 .1,000,000 100.0 XXX XXX ..1,000,000 .XXX. 10.2 Class 2 ..0.0 XXX. .XXX. ..0.0 XXX. 10.3 Class 3 .XXX. 0.0. XXX. 10.4 Class 4 10.5 Class 5 0.0 XXX XXX 0.0 XXX XXX 10.6 Class 6 0 10.7 Totals 1.000.000 1,000,000 100.0 XXX XXX 1.000.000 10.8 Line 10.7 as a % of Col. 6 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year 1.000.000 100.0 1.000.000 1.000.000 XXX 11.1 Class 1 XXX XXX 11.2 Class 2 0 0 11.3 Class 3 XXX XXX 0.0 11.4 Class 4 XXX XXX 0.0 11.5 Class 5 XXX XXX 0.0 11.6 Class 6 0 XXX XXX 0.0 .XXX. 11.7 Totals .1,000,000 ...0 .XXX. .1,000,000 .100.0 ..1,000,000 11.8 Line 11.7 as a % of Col. 8 100.0 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 100.0 0.0 12. Total Publicly Traded Bonds .1,000,000 12.1 Class 1 1.000.000 1.000.000 100.0 .1,000,000 .100.0 XXX 12.2 Class 2 0 0 .0.0 XXX 12.3 Class 3 0.0 XXX 0.0 0.0 XXX 12.4 Class 4 0.0 XXX 12.5 Class 5 0.0 XXX 12.6 Class 6 0.0 0.0 100.0 12.7 Totals 1,000,000 1,000,000 .1,000,000 .100.0 .1,000,000 XXX 12.8 Line 12.7 as a % of Col. 6. 100.0 0.0 0.0 0.0 0.0 .100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6. Section 10 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX 100.0 XXX 13. Total Privately Placed Bonds XXX 13.1 Class 1 13.2 Class 2 0.0 0.0 XXX 13.3 Class 3 0.0 0.0 XXX 13.4 Class 4 0.0 0.0 XXX XXX 13.5 Class 5 0.0 0.0 XXX 13.6 Class 6 0.0 0 0 13.7 Totals 0.0 0.0 XXX 0.0 0.0 ..0.0 0.0 .0.0 0.0 XXX. XXX XXX XXX. .0.0 13.8 Line 13.7 as a % of Col. 6 13.9 Line 13.7 as a % of Line 10.7, 0.0 0.0 0.0 0.0 0.0 XXX XXX XXX XXX 0.0 Col. 6. Section 10

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

⁽c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$, current year, \$ prior year of bonds with 6* designation was assigned by the SVO in reliance on the insurer's certification of principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

	Maturity Distribu	ution of All Bonds O	wned December 31,	at Book/Adjusted C	arrying Values by N	lajor Type and Subt	ype of Issues				
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years			Col. 6 as a %	Total from Col 6	% From Col. 7	Total Publicly	Total Privatel
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations						٥	0.0	0	0.0		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
2. All Other Governments. Schedules D & DA (Group 2)	· ·	·	·	Ů	·	·	0.0	Ů	0.0		
2.1 Issuer Obligations						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES										••••••	
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0	•••••	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-						1					
BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other					•••••	n	0.0	n	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	۸	
2.7 Totals 3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	U	U	U	U	U	U	0.0	U	0.0	U	
		I				0	0.0	0	0.0		
3.1 Issuer Obligations						L	0.0		0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						L		D	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined						0	0.0	0	0.0		
3.4 Other			+			L	0.0		0.0		
						L					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES									0.0		
3.5 Defined						<u> </u>	0.0	Ω	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
4. Political Subdivisions of States. Territories and Possessions. Guaranteed. Sched	dules D & DA (Group 4)										
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined						Ω0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-											
BACKED SECURITIES											
4.5 Defined						0	0.0	0	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	Λ	Λ	n	n	Λ	n	0.0	n	0.0	Λ	
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Sched	dules D & DA (Group 5)	0		0	0	•	0.0	0	0.0	U	
5.1 Issuer Obligations	raies n a nw (allomb 2)					n	0.0	n	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities			1			n	0.0	n	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						1					
5.3 Defined			ĺ			n	0.0	n	0.0		ĺ
5.4 Other			İ			n	0.0	n	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-	<u> </u>		†			1		ν			İ
BACKED SECURITIES											
5.5 Defined			ĺ			^	0.0	^	0.0		ĺ
			 			ļ	0.0	J	0.0 0.0		
5.6 Other			_	_		0		0			
5.7 Totals	. 0			0	0	1 0	0.0		0.0	0	

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book			ia oubtype of ISS		1	, <u>, , , , , , , , , , , , , , , , , , ,</u>	
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (C	Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffiliated), Schedul	es D & DA (Group 7)	1			-	-					
7.1 Issuer Obligations	1.000.000					1,000,000	100.0	1,000,000	100.0	1,000,000	
7.2 Single Class Mortgage-Backed/Asset-Based	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	1,000,000	0	0	0	0	1,000,000	100.0	1,000,000	100.0	1,000,000	
8. Credit Tenant Loans, Schedules D & DA (Group 8)		•	<u> </u>	· ·		.,523,000		.,,		.,,	
8.1 Issuer Obligations	,					0	0.0	0	0.0		
8.7 Totals	n	n	Λ	Λ	Λ	0	0.0	0	0.0	0	
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)	<u> </u>	<u> </u>	0	0	<u> </u>	0.0	0	3.0		
9.1 Issuer Obligations	a DA (Gloup 9)					0	0.0	Λ	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based						υ		υ			
Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	Λ	0	0	0.0	0	0.0	0	

13.8 Line 13.7 as a % of Col. 6.

13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Great Lakes Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

10 Over 5 Years Total From Col. 6 6 From Col. 7 Over 1 Year Over 10 Years Total Col. 6 as a % Total Publicly Total Privately hrough 10 Years Through 20 Years Over 20 Years Prior Year Distribution by Type 1 Year or Less Through 5 Years Current Year of Line 10.7 Prior Year Traded Placed 10. Total Bonds Current Year .1,000,000 .1,000,000 .100.0 .1,000,000 10.1 Issuer Obligations ...0.0 .XXX. XXX. 10.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. ..0.0 10.3 Defined XXX 10.4 Other 0.0 XXX MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX XXX 0.0. 10.5 Defined XXX XXX 10.6 Other 0 0.0 10.7 Totals 1.000.000 1.000.000 .100.0 XXX XXX 1.000.000 10.8 Line 10.7 as a % of Col. 6 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 0.0 11. Total Bonds Prior Year .1.000.000 XXX. .1.000.000 .100.0 1.000.000 11.1 Issuer Obligations 11.2 Single Class Mortgage-Backed/Asset-Backed Bonds XXX XXX. ..0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES XXX. 11.3 Defined XXX. .0.0 XXX. XXX. ..0.0 11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES 11.5 Defined XXX XXX 0.0 XXX XXX 0 0 11.6 Other 11.7 Totals 1.000.000 XXX XXX 1.000.000 .100.0 1.000.000 0.0 0.0 0.0 0.0 XXX XXX 100.0 XXX 0.0 11.8 Line 11.7 as a % of Col. 8 100.0 100.0 12. Total Publicly Traded Bonds .100.0 .100.0 .1.000.000 12.1 Issuer Obligations .1.000.000 .1.000.000 .1.000.000 XXX. 12.2 Single Class Mortgage-Backed/Asset-Backed Bonds .0.0 ..XXX. ...0.0 MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 12.3 Defined .0.0 ..0.0 ..XXX. .0.0 ..0.0 ...XXX... 12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES XXX. 12.5 Defined .0.0 0.0 0.0 12.6 Other XXX 1,000,000 100.0 1,000,000 100.0 ,000,000 .000.000 XXX 12.7 Totals 0.0 0.0 0.0 100.0 XXX 100.0 12.8 Line 12.7 as a % of Col. 6. 100.0 .0.0 XXX XXX XXX 100.0 0.0 0.0 0.0 0.0 100.0 XXX XXX XXX 100.0 XXX 12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10 13. Total Privately Placed Bonds 0.0 0.0 13.1 Issuer Obligations 13.2 Single Class Mortgage-Backed/Asset-Backed Bonds .0.0 0 0 XXX MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .0.0 13.3 Defined 0.0 XXX .0.0 ..0.0 XXX. 13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES .0.0 0.0 XXX 13.5 Defined 0.0 XXX 13.6 Other 0.0 13.7 Totals .0.0 XXX

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Schedule DA - Part 2 NONE

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

Concession	1	2	urance Recoveral	ole on Paid and Unpaid Losses Listed by Re 4	Insuring Company as of December 31, Curre	6	7
Company Federal ID Company Continue Company Continue Company Continue	2	3	4	3	0	'	
3233	Company	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
Section Art 21970		10/01/2002	OneBeacon Insurance Company.	Boston, MA.	0	0	
22 367 22 367 22 367 22 367 22 367 22 367	69078		10/01/2001	York	United States	226.987	0
	0599999 - Acci	dent and Health	- Non-Affiliates			226,987	
	0699999 - Tota	ıls - Accident and	d Health			226,987	
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079999 - Totals							
079999 - Totals							
079999 - Totals	I						ļ
0799999 - Totals							
079999 - Totals			•				
0799999 - Totals							
	0799999 - Tot	tals	ļ			226,987	

SCHEDULE S - PART 3 - SECTION 2

			Re	einsurance Ceded Accident and Health Insu	rance Listed	d by Reinsuring Con	npany as of Decembe	er 31, Current Year				
1	2	3	4	5	6	7	8	9	Outstanding	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						Unearned Premiums	Taken Other than for Unearned Premiums			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company Standard Security Life Insurance Company of New	Location	Type	Premiums	(estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			Standard Security Life Insurance Company of New									
69078 21970		10/01/2001	YorkOneBeacon Insurance Company	United States	SSL/A SSL/A							
21970		10/01/2002	OneBeacon Insurance Company	Boston, MA.	SSL/A	329,096						
0299999	- Total - Non-Aff	iliates				995,516						
	·····	•				• • • • • • • • • • • • • • • • • • • •						
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0399999	9 Totals					995,516	1	ĺ			ľ	1

SCHEDULE S - PART 4

					Rein	surance Ceded to U	nauthorized Compai	nies					
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols.
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Cols. (5+6+7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	9+10+11+12+13 But Not in Excess of Col. 8
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Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		(000 C	millea)			
		1 2002	2 2001	3 2000	4 1999	5 1998
Α. (DPERATIONS ITEMS					
1.	Premiums	0	0	0	0	0
2.	Title XVIII-Medicare.	0	0	0	0	0
3.	Title XIX-Medicaid	996	757	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total medical and hospital expenses		0	0	0	0
В. І	BALANCE SHEET ITEMS					
6.	Premiums receivable		0	0	0	0
7.	Claims payable		0	1,859	693	120
8.	Reinsurance recoverable on paid losses	227	57	440	346	152
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
C. (UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12.	Funds deposited by and withheld from (F)	0	0	0	0	0
13.	Letters of credit (L)	0	0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)	(100.00.0000)		(9:000 0:0000)
1.	Cash and invested assets (Line 9)	840 .458		840 , 45
2.				226.98
3.				
4.			226,987	226 , 98
5.	All other admitted assets (Balance)		,	6,196,72
	Total assets (Line 23)	8,297,004	226,987	8,523,99
<u> </u>	LIABILITIES, CAPITAL AND SURPLUS (Page 3)	0,201,004	220,001	0,020,00
7	Claims unpaid (Line 1)	18 503 735	0	18 503 71
			0	
	Accrued medical incentive pool and bonus payments (Line 2)			
	Premiums received in advance (Line 6)			
	Reinsurance in unauthorized companies (Line 14)			
	All other liabilities (Balance)			2,122,02
12.	Total liabilities (Line 18)		0	
13.	Total capital and surplus (Line 26)	(12,418,662)	XXX	(12,418,66
14.	Total liabilities, capital and surplus (Line 27)	8,297,102	0	8,297,1
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid.	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses			
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	226,987		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25	Total net credit for ceded reinsurance	226.987		

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SCHEDULE Y (continued) PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PART 2 - SUMMAR	I OL IIIO	UNEN 3	INANDA	CHONS	WILLIAN	II AFFIL	IAI	こう		
1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	. 38-3303214	HealthCor, Inc.				9,678,403	(400, 400)				9,678,403	
	38-3204052 38-3607324	Great Lakes Health Plan, Inc. Great Lakes Health Services.				(10,531,599) 707,366	(166,483) 166,483				(10,698,082) 873,849	
	38-3258533	FC Real Estate.				146,943	100,403				146,943	
	38-3078624	First Care Health Plan				(1,113)					(1,113)	
		Titist care nearth i fan				(1,110)					(1,110)	
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9999999 C	ontrol Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

1.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		SEE	EXPL	_ANA	TION
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes	[X] !	No []
3.	Will an actuarial certification be filed by March 1?	Yes	[X]	No []
4.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes	[X] !	\o []
5.	Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes	[X] !	No []
6.	Will the SVO Compliance Certification be filed by March 1?	Yes	[X] !	No []
	APRIL FILING					
7.	Will Management's Discussion and Analysis be filed by April 1?	Yes	[X] !	No []
8.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?		SEE	EXPL	_ANA	TION
9.	Will the Investment Risks Interrogatories be filed by April 1?	Yes	[X] !	No []
	JUNE FILING					
10.	Will an audited financial report be filed by June 1 with the state of domicile?	Yes	[X] !	\o []
XPL	ANATIONS:					

EX

- 1. Company does not write Medicare Supplement Insurance
- 8. Company does not write Long-Term Care Insurance

BAR CODE:

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *EXEXP

2504.	Miscellaneous Expense	95,364	139,911		235,275
2505.	Interest Expense	0	32,324		32,324
2597.	Summary of remaining write-ins for Line 25 from Page 14	95,364	172,235	0	267,599

M016 Additional Aggregate Lines for Page 16 Line 4.

*EXN	ION		TIM	
יואם	עוטו	ADI	VIII	

0404. Prepaid Assets	216,349	165,374	(50,975)
0405. Intangible Amortization	(5,714,814)	(5,624,814)	90,000
0406.	()	0′	0
0407.		0	0
0497. Summary of remaining write-ins for Line 4 from Page 16	(5,498,465)	(5,459,440)	39,025